2014 Renewal--Report of Supervising Physicians

Iowa Board of Physician Assistants
Iowa Department of Public Health/Professional Licensure Bureau
Lucas Bldg., 5th Fl./Des Moines, IA 50319-0075
(515) 281-6959

Print or type	pe
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Name of Physician Assistant:	License #:
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• Approval of your supervising physician(s) is not required. You will <u>not</u> receive a response to this report.

645-326.8(148C) Supervision requirements.

326.8(1) Notification requirements. At time of license renewal, physician assistants shall use (1) this board-approved form, or (2) online form to notify the board of the identity of each of the physician assistant's supervising physicians and of any change in the status of the supervisory relationships during the physician assistant's current biennium. In addition, the physician assistant shall maintain a list of supervising physicians to provide to the board upon request.

The Physician assistant's signature is required on page two

Supervising Physician's Name(s)	Supervising Physician's License #	Date Supervision Began	Date Supervision Ended

Supervising Physician's Name(s)	Supervising Physician's License #	Date Supervision Began	Date Supervision Ended
Supervising It shall be the responsibility of the physician the physician assistant is adequately supervising a supervising physician will be advised that supervising physician. In regard to scheous supervision is unavailable, except as otherwising must be in compliance with the require be supervised by a physician at one time assistant and the supervising physician are supervision provisions of these rules. [IAC 645—326.8(4)]	ised. Upon agreein the physician's naduling, the physicise provided in Iow ment that no more, pursuant to 64.	supervising physic g to supervise a p me will be listed w cian assistant ma a Code chapter 14 e than two physici 5—subrule 326.8(hysician assistant, with the board as a many not practice if the services, an assistants shall 3). The physician
Signature of Physician Assistant			Date